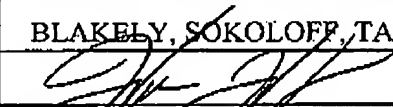


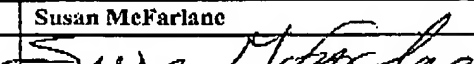


**MAY 15 2006**

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application No.	10/657,415
		Filing Date	September 8, 2003
		First Named Inventor	Carapella, et al.
		Art Unit	3729
		Examiner Name	Doungai D. Nguyen
Total Number of Pages in This Submission	13	Attorney Docket Number	42P6139CD

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 60px; margin-top: 10px;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William W. Schaal, Reg. No. 39,018 <b>BLAKELY, SOKOLOFF, TAYLOR &amp; ZAFMAN LLP</b>
Signature	
Date	May 15, 2006

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Susan McFarlane		
Signature		Date	May 15, 2006

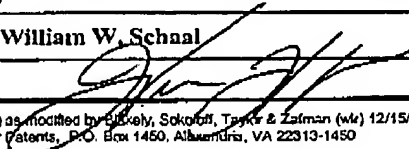
Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (vtr) 11/30/2005.  
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

MAY 15 2006

<b>FEE TRANSMITTAL for FY 2005</b> <small>Patent fees are subject to annual revision</small>		Complete if Known	
		Application Number	10/657,415
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	September 8, 2003
		First Named Inventor	Carapella, et al.
		Examiner Name	Donghai D. Nguyen
		Art Unit	3729
TOTAL AMOUNT OF PAYMENT		(\$)	0.00
		Attorney Docket No.	42P6139CD

<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor &amp; Zafman LLP</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input type="checkbox"/> Credit any overpayments	
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<b>FEE CALCULATION</b> 1. EXTRA CLAIM FEES																																																															
<table border="1"> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> <tr> <td>20</td> <td>24*</td> <td>0</td> <td>\$0.00</td> </tr> <tr> <td>3</td> <td>3*</td> <td>0</td> <td>\$0.00</td> </tr> </table>	Total Claims	Extra Claims	Fee from below	Fee Paid	20	24*	0	\$0.00	3	3*	0	\$0.00	<table border="1"> <tr> <th>Independent Claims</th> <th>Multiple Dependent</th> <th>Fee Paid</th> </tr> <tr> <td>3</td> <td></td> <td>\$0.00</td> </tr> </table>	Independent Claims	Multiple Dependent	Fee Paid	3		\$0.00																																												
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<table border="1"> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> </tr> <tr> <td>Fee Code (\$)</td> <td>Fee Code (\$)</td> <td></td> </tr> <tr> <td>1202 60</td> <td>2202 25</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201 200</td> <td>2201 100</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203 300</td> <td>2203 180</td> <td>Multiple Dependent claim, if not paid</td> </tr> <tr> <td>1204 790</td> <td>2204 395</td> <td>**Reissue independent claims over original patent</td> </tr> <tr> <td>1205 300</td> <td>2205 150</td> <td>**Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="2">SUBTOTAL (1)</td> <td>(\$) 0.00</td> </tr> </table>		Large Entity	Small Entity	Fee Description	Fee Code (\$)	Fee Code (\$)		1202 60	2202 25	Claims in excess of 20	1201 200	2201 100	Independent claims in excess of 3	1203 300	2203 180	Multiple Dependent claim, if not paid	1204 790	2204 395	**Reissue independent claims over original patent	1205 300	2205 150	**Reissue claims in excess of 20 and over original patent	SUBTOTAL (1)		(\$) 0.00																																						
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Other fee (specify): _____																																																															
SUBTOTAL (2)		(\$) _____																																																													

<b>SUBMITTED BY</b> Name (Print/Type) <u>William W. Schaal</u>		Registration No. <u>39,018</u>		Telephone <u>(714) 557-3800</u>	
Signature 		Date <u>05/15/06</u>			

Based on PTO/SD-17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/ 12/15/2004).  
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**MAY 15 2006**

<b>FEE TRANSMITTAL</b> <b>for FY 2005</b> <small>Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	10/657,415
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	September 8, 2003
		First Named Inventor	Carapella, et al.
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 0.00		Examiner Name	Donghai D. Nguyen
		Art Unit	3729
		Attorney Docket No.	42P6139CD

**METHOD OF PAYMENT** (check all that apply)

☐ Check 
 ☐ Credit card 
 ☐ Money Order 
 ☐ None 
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below 
 ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. 
 ☐ Credit any overpayments

**FEE CALCULATION**

**1. EXTRA CLAIM FEES**

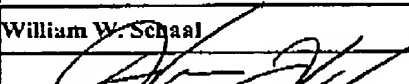
Total Claims	Extra Claims	Fee from below	Fee Paid
20	24	0	\$0.00
Independent Claims	3	0	\$0.00
Multiple Dependent			

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	25	Claim in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	380	2203	180	Multiple Dependent claim, if not paid
1204	790	2204	385	**Reissue independent claim over original patent
1205	300	2205	150	**Reissue claim in excess of 20 and over original patent
SUBTOTAL (1)				(\$)

Fee Paid: 0.00

**2. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
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2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,500	2254	765	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,010	Petition to institute a public use proceeding	
1480	130	2480	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(a)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify): _____					
SUBTOTAL (2)				(\$)	

<b>SUBMITTED BY</b>		Complete (if applicable)	
Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018
Signature		Telephone	(714) 557-3800
		Date	05/15/06

Revised (m PTO/SB/17 (12-04)) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 12/15/2004.  
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Appl. No. 10/657,415  
Amdt. Dated 05/15/2006  
In response to an Office Action dated February 15, 2006.

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application. No. : 10/657,415  
Applicant : Elissa E. Carapella  
Filed : 09/08/2003  
TC/A.U. : 3729  
Examiner : Donghai D. Nguyen

Confirmation No. 9024

Docket No. : 42P6139CD  
Customer No. : 8791

BOX AF  
Commissioner for Patents  
PO Box 1450  
Alexandria VA 22313-1450

**AMENDMENT**

Sir:

In response to the Office Action mailed February 15, 2006, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.